



Public Health

Seattle & King County

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

TUBERCULOSIS CONTROL PROGRAM

Annual Symptom Check Sheet

Date: _____

Name: _____

Date of Birth: _____

Patient ID Number: _____

Please answer the following questions:	Yes	No
Have you had a new cough for the last 3 weeks?		
If you have a chronic cough, has it changed or become worse in the last 6 months?		
Do you ever cough up blood?		
Have you lost 10 pounds or more in the last 3-6 months?		
Do you sweat a great deal at night?		
Have you had unexpected fevers in the last 6 months?		
Have you been unusually tired?		
Have you answered these questions honestly and to the best of your ability?		

Signature: _____